



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 JAN 22 PM 2:42:23

REC'D RIDOS BSD
24 JAN 2 PM 2:35:47

1. Entity ID Number 000681667		2. Exact name of the Corporation Octo Product Development Inc.			
3. Principal Office Address 1 Sims Avenue, Unit 201		City Providence		State RI	Zip 02909
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island CONTRACTED DESIGN AND ENGINEERING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JUSTIN SIROTIN			Vice-President Name		
Street Address 34 GREEN LANE			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name JUSTIN SIROTIN			Treasurer Name JUSTIN SIROTIN		
Street Address 34 GREEN LANE			Street Address 34 GREEN LANE		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JUSTIN SIROTIN			Director Name		
Street Address 34 GREEN LANE			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	CWP	1.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Justin Sirotin					Date 12/14/2023
Signature of Authorized Representative 					

FILED 2:43

JAN 22 2024

BY RQP
EJ

MAIL TO:
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Website: www.sos.ri.gov